

# Retail Food Inspection Report

Floyd County Health Department


Telephone (812) 948-4726

<b>Establishment Name</b> MARKET WAGON	<b>Telephone Number</b> Est 317-695-3548 Own 317-401-9338	<b>Date of Inspection</b> 01/27/2022	<b>ID#</b>
<b>Address</b> 2818 GREEN VALLEY RD, NEW ALBANY IN 47150			
<b>Owner</b> MARKET WAGON	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 02/06/2022
<b>Owner's Address</b> 6802 HILLSDALE CT INDIANAPOLIS, IN 46250		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Person in Charge</b> ABIGAIL BOWMAN			
<b>Responsible Person's Email</b> ABIGAIL.BOWMAN@MARKETWAGON.COM			
<b>Certified Food Handler</b> ABIGAIL BOWMAN			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

Summary of Violations C \_\_\_\_\_ NC \_\_\_\_\_ R \_\_\_\_\_

Received by (name and title printed): ABIGAIL BOWMAN	Inspected by (name and title printed): Christa Manus EHS	
Received by (signature):	Inspected by (signature): 	
cc:	cc:	cc: